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Moreover, all subjects exhibited a subfebrile temperature together with a normal ROE /reaction of erythrocyte precipitation/ and a normal hemogram. Lymphopenia was present in some of the cases under investigation.

Lambliosis or trichomoniasis is often mistaken for bacillary dysentery. While antidyentery treatment is ineffective in such cases, specific treatment (atebrin for lambliosis, aminoarson and gramicidin enemas for trichomoniasis) is extremely effective. As far as clinical symptomatology is concerned, protozoal colites are distinguished by a gastroenteritic component; the rectoscopically observed changes are usually of a light catarrhal type, while occasionally the mucous membrane remains normal. Careful elimination of persons with protozoal colites permits lowering of the number of cases registered as chronic dysentery.

Treatment of cases of chronic dysentery must be many-sided ("complex") and individualized. It should take into account the duration of the disease, as well as the methods of treatment used previously. One must act on the causative factor of the disease and also stimulate the reactivity of the macroorganism. As far as specific remedies are concerned, the action of synthomycin, of Professor Chernokhvostov's alcohol vaccine, of the silver salt of sulfathiazole (Bilibin), and treatment with antagonistically acting bacteria are being studied. The author of this paper recommends treatment of chronic dysentery with garlic enemas. This method is cheap, simple, and painless. Garlic exerts a bactericidal action on all species of dysentery bacilli. In 2,066 cases, the stool was restored to normal after two to seven enemas. In no case did the patients excrete bacilli after being discharged.

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